

List of Earliest Pioneers into Provo River Valley in Wasatch Co.

Dominguez Excerpt Name		H B U M	F G S	P i c t	H i s t	H o m e
1st Look into Valley	Wm Gardner (1852 Explorer)					
	Charles H Carroll 4, 7, 10, 14, 30, 46	1066, 1094	7-23-58	✓	✓	225, 229, 293
	Geo Jacques		✓			
	James Adams					
Cattle men	Wm Madison Wall		✓			
	George W Dean		✓			
	Carson Daniels		✓			
	Teramorg Liffe					
1st Eleven Men 3 wagons & Teams	W. G Mills					
	J. W Snow 2d. Co Surveyor					
	Aaron Johnson					
	Thomas S Williams					
	Everett M Green					
	Henry Crow (bridge builder)					
	William Meeks 114 909	664-5, 7,		✓	✓	
	Thomas Rasband 106 15 26 115 212 7 10 11 14	470-471		✓	✓	44-46 117 206
	John Crook 7-8 10 13-15 34 45 79 108-9	319		✓	✓	
	John Carlile 115 144 223 225-230	291-2		✓	✓	
	John Jordan 7 10 14 15 46 225 229	241, 407	✓	✓	✓	
	Henry Chatwin 7, 79	295, 1094		✓	✓	
	Jesse Bond 49, 167	276		✓	✓	
	James Carlile 1	289-290		✓	✓	
	William Giles Jr 7 370 371	373		✓	✓	
already here	William Carpenter	7				
	George Carlile	289-8		✓	✓	
	William Davidson & Family			✓	✓	
	Robert Broadhead			✓	✓	
more came	James Davis					
	Jesse Fuller - deputy surveyor					
	Aaron Decker					
	Thomas H Giles					
1st winter Families H B U M p. 10	John Giles					
	Hiram Oaks & Geo Carlile					
	John Murray Murdoch					
	John Crook			✓	✓	
	Thomas Rasband			✓	✓	
	Chas N Carroll			✓	✓	
	John Jordan			✓	✓	
	Abraham Sessions					
	Bradford Sessions					
	Hiram Oaks					
	John Lee					
	Richard Jones					
	James Davis					
	William Davidson					
	James Ward					
widows!	John Sessions					
	Eliska Thomas & Chas C. Thomas					
	James Carlile			✓	✓	
	Geo Carlile			✓	✓	
same Cliftonworthy & Elizabeth Carlile						

by 1860
200 per

Refer to the general discussion of rabies prophylaxis on page 453.

RABIES VACCINE (DUCK EMBRYO) DRIED KILLED VIRUS (DEV)

NOTE: Because of better antibody response and lower incidence of adverse effects, Rabies Vaccine, Human Diploid Cell Culture (HDCV) (see page 454b) is the preferred vaccine. The Duck Embryo vaccine (DEV) is effective and should be used if HDCV is not available.

Actions:

It has been demonstrated that rabies vaccine of duck embryo origin produces antibodies in most patients by the tenth day and in almost all subjects by the fifteenth day after the beginning of a course of at least fourteen daily doses.

Indications:

Postexposure immunization: Indicated for active immunization in all persons suspected of exposure to rabies. Guidelines for prophylaxis of rabies are given on page 453. In addition to rabies vaccine, rabies immune globulin is indicated in postexposure prophylaxis.

There is evidence that serum administered concurrently with vaccine interferes with the development of active immunity. If serum is used, give supplementary doses of vaccine ten and twenty days after the last usual dose.

Preexposure immunization: Vaccination with duck embryo rabies vaccine before exposure occurs may be desirable for certain high risk individuals. These may include veterinarians, deliverymen, meter readers, spelunkers, and laboratory personnel working with rabies virus.

Warnings:

Usage in Pregnancy: Safety for use during pregnancy has not been established; however, when postexposure rabies immunization is indicated, pregnancy has not been considered to be a contraindication to use of this killed virus vaccine.

Precautions:

Use caution when administering the vaccine to persons with a history of allergy, especially when the allergy is to chicken or duck eggs or proteins.

Adrenocorticotropin and adrenal corticosteroids may reduce host resistance to certain infectious agents either through suppression of antibody response or through other and as yet poorly understood mechanisms. Therefore, they should not be administered following exposure to infectious agents (such as rabies) for which no satisfactory antimicrobial therapy is available. To do so may alter the host-parasite relationship sufficiently to cause severe or fatal illness in spite of prophylactic administration of a vaccine. Under these circumstances, the occurrence of disease, actually due to the altered pattern of resistance, might be attributed to a vaccine failure.

Adverse Reactions:

Local reactions: Local reactions to the injected material have been observed to be fewer and somewhat less severe than those seen with vaccines of brain origin. Tenderness at the injection site is common. Varying degrees of local erythema and induration have been observed; these reactions tend to appear from the sixth to the tenth day of treatment, but may occur after each inoculation. Subsequent injections are likely to cause flare ups at the sites of previous inoculations. Regional lymphadenopathy may also be encountered.

Systemic sensitivity: Since this material is protein and foreign to the human body, systemic sensitivity to the vaccine may be encountered. Urticaria, respiratory distress (including dyspnea and bronchospasm) and gastrointestinal disorders (e.g., abdominal cramps, nausea, vomiting, diarrhea) have occurred. Anaphylactic reactions have been reported. In one prospective study, anaphylaxis was observed in 0.5 to 0.9% of recipients. Epinephrine may be helpful in controlling these situations. Patients with a history of allergy should be tested for hypersensitivity before the vaccine is administered.

CNS: Constitutional reactions are difficult to evaluate because of the patient's tendency to be apprehensive about the situation, but the development of fever, malaise and drowsiness calls for careful observation. Minor neurologic reactions, such as headache, photophobia, paresthesias, listlessness, malaise, and increased fatigability, have been reported. Major neurologic reactions temporally associated with vaccine therapy have been reported rarely. These include transverse myelitis, cranial or peripheral palsy and encephalitis. If symptoms appear that indicate central nervous system involvement, discontinue vaccine injections.

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